



ENCOURAGE Contact Log

Client Name: _____

Client Phone: _____

Date: _____

Peer: _____

I. Contact Information

1. Initiation of Contact <input type="checkbox"/> Peer <input type="checkbox"/> Client <input type="checkbox"/> Other, (specify) _____	2. Length of contact: <input type="checkbox"/> 0-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-45 minutes <input type="checkbox"/> 46-60 minutes	3. Mode of Contact <input type="checkbox"/> Phone <input type="checkbox"/> Person-to-Person <input type="checkbox"/> Email <input type="checkbox"/> Other, (specify) _____	4. Was this a scheduled contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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II. Medication Check (for scheduled contact) III. Review Short Term Goal Set Last Time

<p><i>Prompt client to take out their medicine list to review.</i></p> 5. Problems / concerns with medications since last phone call. <input type="checkbox"/> No problems or concerns <input type="checkbox"/> Problem or concerns: _____	<p><i>Prompt client to take out their Action Plan.</i></p> 6. Last goal was: _____ 7. Goal met? <input type="checkbox"/> Completely achieved and sustained behavior change <input type="checkbox"/> Completely achieved but not sustained <input type="checkbox"/> Not achieved but some behavior change <input type="checkbox"/> No behavior change 8. Goal attainment reinforced? <input type="checkbox"/> Yes <input type="checkbox"/> No
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IV. New Short Term Goal (Review Initial Needs Assessment If needed)

SMART Goal Specific Measureable, Achievable, Realistic	<input type="checkbox"/> No new goal set
Time (when, how often, how long)	

Assess confidence *If confidence is less than 7, ask client to revise.*

No Confidence										Completely Confident
1	2	3	4	5	6	7	8	9	10	

New Goal (put N/A if confidence is 7 or greater).

Assess confidence *If confidence is less than 7, ask client to revise.*

No Confidence										Completely Confident
1	2	3	4	5	6	7	8	9	10	

Client will track their progress by:

V. Other areas covered today

<table border="1" style="width: 100%;"> <tr> <th style="text-align: left;">Topic Initiated by:</th> <th>Peer</th> <th>Client</th> </tr> <tr> <td>Exercise</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Diet</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Stress Management</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Topic Initiated by:	Peer	Client	Exercise	<input type="checkbox"/>	<input type="checkbox"/>	Diet	<input type="checkbox"/>	<input type="checkbox"/>	Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <th style="text-align: left;">Topic Initiated by:</th> <th>Peer</th> <th>Client</th> </tr> <tr> <td>Talking to my Doctor</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other specify:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Topic Initiated by:	Peer	Client	Talking to my Doctor	<input type="checkbox"/>	<input type="checkbox"/>	Other specify:	<input type="checkbox"/>	<input type="checkbox"/>
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No Other Issue Discussed

VI. Next Phone Call Next Doctor's visit:

Date: _____ Time: _____	Date: _____ Time: _____ <i>Make appointment to call client about 1 week in advance as date approaches.</i>
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